

Chapter 5

Evaluation

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Overview

When information flows freely and meetings are scheduled frequently, misunderstandings and miscalculations can be addressed before they become huge mistakes that are both costly and difficult to undo.

1. Set times for ongoing evaluation.
 - This can be as simple as brief, but frequent staff meetings.
2. Stop to reflect early in the implementation process, as soon as there are some valid data available.
 - Valid data include staff opinion and patient feedback, in addition to quantitative measures. In evaluation, as in early implementation, external consultants can facilitate an unbiased assessment of your systems change.
3. Keep lines of communication open.
 - It can be a useful learning experience to give staff members who don't normally have interaction with the patient community opportunities to spend time with patients. Having all staff members (on a rotating basis) make customer service calls or participate in community outreach will keep the clinic in touch with what's going on in the community.

PPIP in Practice

“Regular Reflection is Our Key to Successful Change” Bristol Memorial Clinic

The staff at Bristol Memorial Clinic, who used to meet once a month, now meet every Wednesday afternoon. Once PPIP was implemented, staff decided the monthly meetings came too late to address some of the problems before they became out of control. Since they started meeting weekly, they have been able to stay on top of changes and can correct mistakes right away. Most staff look forward to the weekly check-in as a way to stay connected to each other and share their ideas.

Each meeting begins with a report from a representative from the planning team and one from the performance improvement team. The planning team addresses ongoing growth and development within the clinic. Once a year they lead a session to revisit the group vision and make future plans. This group works to maintain the energy and spirit of the organization to keep people motivated and involved.

The performance improvement team reports on how the staff are doing with respect to their individual functions and team work. They compare current status to goals and recommend revisions. At the “vision” meeting, they review the past year and what worked, what didn’t, and why.

Bristol Memorial Clinic has instituted a lot of changes with PPIP. Most of them were not included in the original implementation but were ideas that came from staff at the weekly meetings. One of the most helpful changes was to move Mark, the health educator, from his office in the basement to a space outside the waiting room. This way he is able to counsel patients on the way to or from the exam room. Mark is now more visible to the patients, and he is able to keep the educational materials stocked in the lobby. Mark has some ideas for creating a health education library in his old office space. The clinic has just received a TV/VCR as a donation and Mark is looking at obtaining some educational tapes for the patients to view when they come in for their visit.

Two of the nurses created a system for tracking patient referrals when they discovered that some patients were not receiving follow-up on their off-site screening tests. It took a month to find a system that would work; the feedback they received from the staff at the weekly meetings was very helpful in the developing the system. They created a form for tracking that is maintained by the receptionist. When the results come back to the clinic, it is noted on this form, which helps to ensure that results are placed in the patient’s chart.

Staff members at Bristol have been encouraged to share their ideas and take risks. As a result, they have systems in place that they've created themselves and that help them do their work well. When asked what they like most about their job, staff members always mention how important and valued they feel. Because they are satisfied with their work, staff turnover at Bristol has decreased significantly.

Evaluating Your PPIP System

How are we doing at providing the services we said we want to provide?

Do we need to reevaluate what services we offer?

How do the PPIP materials fit our needs?

Do we need to modify any of the PPIP materials?

Are we documenting the services we provide?

How are the staff performing their functions?

Are staff stepping in where needed?

How do the staff members feel about their work?

Do staff members feel supported and heard?

Are staff working together as a team?

Are all staff contributing suggestions?

Do all staff feel that they have adequate input?

Are we functioning in alignment with our greater purpose? Our vision?

Do we need to reevaluate our goals?

What is working well? Why?

What is not working? Why?

How are our patients responding to the change?

Evaluation Activities

Regular Staff Meetings

- Assess staff's continuing education needs.
- Provide opportunities for safe practice of new skills.
- Present regular reports from planning and evaluation groups.

Regularly Scheduled Opportunities for Informal Sharing and Communication

- Staff lunches.
- Group exercise activities (e.g., walk groups for staff, patients or staff and patients).

Chart Audits

- Repeat chart audits to assess delivery and documentation of preventive services (See Establishing Baseline Measures beginning on page 24 for forms and instructions).
- Compare with baseline measures.
- Present and discuss results with staff.

Patient Feedback

- Suggestion box.
- Focus groups.
- Questions to receptionist/clerks and other staff.
- Patient representation at Board of Directors Meetings.
- Customer satisfaction calls and/or surveys.

Staff Acknowledgment

- Identify regular opportunities to appreciate staff.
- Explore with the staff ways they can support one another.

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